

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
MEDICAL ASSISTANCE ADMINISTRATION (MAA)
OLYMPIA, WA**

To: All Providers

Memorandum No: 02-86 MAA

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Supercedes: 00-78 and 01-01 MAA

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

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Subject: New Contracts Awarded for Spoken Language Interpreter Services

Effective for dates of service on and after January 1, 2003, the Department of Social and Health Services (DSHS) will cover spoken language interpreter services for DSHS clients through new contracts awarded to Interpreter Services brokers. This memorandum explains the new process for requesting spoken language interpreter services and provides a list of brokers to contact. **Brokers will begin accepting spoken language interpreter service requests for 2003 dates of service on December 2, 2002.**

Why does DSHS provide interpreter services?

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin by any entity that receives federal financial assistance. DSHS, through Title VI of the Civil Rights Act of 1964, RCW 74.04.025, other legal mandates, agreements, and department policies, provides equal access to department programs and services for all persons, including those with Limited English Proficiency (LEP).

Who can arrange for Spoken Language Interpreter Services?

DSHS will reimburse for brokered Spoken Language Interpreter Services only when arranged by the following “**Requesters**”:

- ✓ DSHS contract service providers (i.e., medical providers); or
- ✓ DSHS staff.

DSHS does not reimburse for Spoken Language Interpreter Services that are arranged by anyone other than an appropriate Requester. Clients and interpreters are NOT considered Requesters and cannot arrange for DSHS interpreter services.

When must Spoken Language Interpreter Services be arranged?

Interpreter services must be arranged **in advance** of the scheduled appointment time. The brokers will respond to all requests within 48 hours, confirming whether or not the interpreter appointment can be filled.

DSHS does not reimburse for Spoken Language Interpreter Services when the interpreter was not scheduled by the broker in advance of the appointment time.

DSHS does not reimburse for no-shows or cancellations. DSHS considers client or medical provider no-shows and cancelled appointments a cost of doing business for the broker and its subcontractors. Brokers, broker's subcontracted interpreter agencies, or individual interpreters are not allowed to bill DSHS or DSHS medical providers for the cost of no shows or cancelled appointments.

Who do I contact to arrange for Spoken Language Interpreter Services?

Contact one of the Spoken Language Interpreter Services brokers on the attached list to request a spoken language interpreter for appointments on and after January 1, 2003. The interpreter services broker is responsible for making sure that interpreters used for DSHS clients are certified, qualified, or authorized by DSHS Language Testing and Certification section (LTC) as social services or medical interpreters.

What documentation is required?

Spoken language interpreters are required to bring either a *Brokered Interpreter Service Appointment Record* [DSHS 17-123(x) form] or a DSHS-approved facsimile to each interpreter service encounter. The broker will assign a Control Number to each interpreter service appointment. This Control Number must be filled in on the DSHS 17-123(x) form in the upper right hand corner or in designated spot on the DSHS-approved facsimile. A sample of a DSHS 17-123(x) is attached and will be available for downloading on and after January 1, 2003, at:

<http://www.wa.gov/dshs/dshsforms/forms/eforms.html>

The interpreter and Requester must complete their respective sections of the Brokered Interpreter Service Appointment Record (instructions for completion are located on the back of the form) or of the DSHS-approved facsimile.

Upon completion of the DSHS 17-123(x) form, the Requester must follow the instructions listed on the DSHS 17-123(x) form, then validate the statements made on the form or DSHS-approved facsimile by signing and dating the document. The Requester must retain a copy of the completed and signed form for their records.

Note:

- ✓ DSHS will reimburse for mileage if the encounter is outside a 30-mile radius of the interpreter's place of business, home, or last appointment (whichever is the actual beginning point of departure to an appointment).
- ✓ DSHS does not reimburse for interpreter services provided by public health agencies, public hospitals, and local health jurisdictions. Interpreter services provided at inpatient settings are the responsibility of the hospital and are not covered by DSHS.
- ✓ Each request for an interpreter must be tied to a specific DSHS client appointment for a DSHS-covered service. MAA does not pay for blocks of time.

Statewide requests for immediate interpreter services, after regular business hours, which cannot wait until the next regular business day for appointment scheduling, should be made to Hopelink, the King county service area broker.

Interpreters must not:

- Contact the client other than at the request of the contract service provider (medical provider) or DSHS staff.
- Provide transportation for the client to, or from, social service or medical appointments.
- Request payment from DSHS for interpreter services provided to the interpreter's own family members.
- Accept any compensation from clients, or others on behalf of clients.
- Refuse to present, upon request, picture identification at all interpreter service appointments.

For further information regarding MAA's Interpreter Services Program, go to:

<http://maa.dshs.wa.gov/interpreterservices/>. **This site will be updated December 2002 with additional information about interpreter brokerage.**

To obtain this numbered memorandum and/or attachments electronically, go to MAA's website:

<http://maa.dshs.wa.gov/rbrvs/rbrvs.htm>.

Listed below are the names, telephone numbers, and fax numbers for brokers and *anticipated* brokers who will serve DSHS clients effective January 1, 2003. Brokers will be reimbursed for interpreter services provided for DSHS clients only in the regions that they have been awarded a contract. Check <http://maa.dshs.wa.gov/interpreterservices/> during the month of December 2002 for a final listing of brokers.

County Served	Broker	Broker telephone number	
		Local	Long distance
Asotin Garfield Whitman	Coast Transportation Colfax, Washington	VOICE: (509) 397-2935 FAX: (509) 397-9229	VOICE and TDD: (800) 873-9996
Clark Cowlitz Klickitat, Skamania Wahkiakum	Human Services Council Vancouver, Washington http://www.irwc.org	VOICE: (360) 694-9997 FAX: (360) 694-1446	VOICE and TDD: (800) 752-9422
King & Statewide (after hours)	Hopelink Bellevue, Washington http://hope-link.org/	VOICE: 1-800-923-7433 FAX: (425) 644-9447	VOICE: (800) 923-7433 TDD: (800) 246-1646
Island San Juan Skagit Whatcom	N.W. Regional Council Area Agency on Aging Bellingham, Washington http://www.nwrcwa/maa.html	VOICE: (360) 738-4554 (Whatcom only) TDD: (360) 676-6749* (Whatcom only) FAX: (360) 734-5476	VOICE: (800) 860-6812 TDD: (800) 585-6749 *After hours, TDD users should call the relay service at 1-800-833-6388, to leave a message
Clallam Grays Harbor Jefferson Kitsap Lewis Mason Pacific Pierce Thurston	Paratransit Bremerton, Washington http://www.paratransit.net/	FAX: (360) 377-1528 or (360) 377-6017	VOICE: (800) 925-5438 (Pierce) VOICE: (800) 756-5438 (Clallam, Jefferson, Kitsap, Mason-North) VOICE: (800) 846-5438 (Grays Harbor, Lewis, Mason-South, Pacific, Thurston) TDD: All Counties (800) 934-5438

County Served	Broker	Broker telephone number	
		Local	Long distance
Adams Benton Columbia Franklin Grant Kittitas Lincoln Walla Walla Yakima	People for People Yakima, Washington http://www.pfp.org/	VOICE: (509) 248-6793 TDD: (509) 453-1302 FAX: (509) 574-5085	VOICE: (800) 233-1624 TDD: (800) 606-1302
Snohomish	Snohomish County Human Services – Call Center Brokerage Everett, Washington	VOICE: (425) 388-7267 TDD: (425) 388-7333 FAX: (425) 388-7414	VOICE: (800) 794-8818
Ferry Pend Oreille Spokane Stevens	Special Mobility Services Spokane, Washington	VOICE: (509) 534-2016 TDD: (509) 534-8566 FAX: (509) 534-6980	VOICE: (800) 710-5030 TDD: (800) 821-7167 FAX: (888) 829-9915
Chelan Douglas Okanogan	Trancare Wenatchee, Washington	VOICE: (509) 667-2727 FAX: (509) 667-2083	VOICE: (800) 352-8726

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SPOKEN LANGUAGE BROKERED INTERPRETER SERVICE APPOINTMENT RECORD

BROKER	CONTROL NUMBER
INTERPRETER AGENCY/INDEPENDENT	

DETERMINED BY BROKER AND REQUESTER

1. DSHS ADMINISTRATION/DIVISION REQUESTING INTERPRETER

Disabilities and Long-Term Care Administration (DLTCA)
☐ Home and Community Services Division (HCSD)
☐ Division of Developmental Disabilities (DDD) *

Children's Administration (CA)
☐ Division of Children and Family Services (DCFS)
☐ Division of Licensed Resources (DLR)

Economic Services Administration (ESA)
☐ Community Services Division (CSD)
☐ Division of Child Support (DCS)
☐ Division of Employment and Assistance Programs (DEAP)
☐ Division of Child Care and Early Learning (DCCEL)

Health and Rehabilitation Services Administration (HRSA)
☐ Division of Alcohol and Substance Abuse (DASA) *
☐ Division of Vocational Rehabilitation (DVR)
☐ Mental Health Division (MHD)

☐ Juvenile Rehabilitation Administration (JRA)

Medical Assistance Administration (MAA)
☐ Division of Disability Determination Services (DDDS) *
☐ Division of Client Support/Interpreter Services Section

* Program Index

Allocation Code

2. PERSON REQUESTING APPOINTMENT (FIRST NAME, MIDDLE INITIAL, LAST NAME)	TITLE	ORGANIZATIONAL INDEX CODE
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REQUESTER'S TELEPHONE NUMBER (INCLUDE AREA CODE)

DATE REQUEST MADE (MONTH, DAY, YEAR)

3. APPOINTMENT ADDRESS (NUMBER, STREET, CITY, AND ZIP CODE)

4. CLIENT'S FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)
OR DASA APPROVAL NUMBER

5. GENDER

☐ Male
☐ Female

6. COMPLETE ONE OF THE FOLLOWING: **DO NOT INCLUDE BOTH NUMBERS**
 CLIENT ID NUMBER PIC CODE (MEDICAL PROVIDERS ONLY)

7. CLIENT'S TELEPHONE NUMBER (INCLUDE AREA CODE)

8. LANGUAGE REQUESTED

COMPLETE EITHER LINE 9 OR LINE 10 BELOW. DO NOT COMPLETE BOTH.

9. INDIVIDUAL APPOINTMENT: APPOINTMENT DATE	SERVICE TYPE REQUESTED <input type="checkbox"/> Social Service <input type="checkbox"/> Medical	SCHEDULED START TIME	ANTICIPATED END TIME
10. BLOCK OF TIME APPOINTMENT: APPOINTMENT DATE	(NOT MAA) SERVICE TYPE REQUESTED <input type="checkbox"/> Social Service	SCHEDULED START TIME	ANTICIPATED END TIME

COMPLETED BY INTERPRETER

11. PRINT NAME OF INTERPRETER PROVIDING SERVICE (FIRST NAME, MIDDLE INITIAL, LAST NAME)			
12. ADDRESS AND CITY	ORIGIN	13. MILEAGE: TO APPOINTMENT	14. REIMBURSABLE MILEAGE
	DESTINATION	FROM APPOINTMENT	
FINAL DESTINATION, IF APPLICABLE			
15. INTERPRETER SERVICES VERIFICATION DATE OF SERVICE	INTERPRETER ARRIVAL TIME	SERVICE START TIME	SERVICE COMPLETION TIME
16. INTERPRETER'S SIGNATURE			DATE

COMPLETED BY REQUESTER

17. Was the interpreter service completed? ☐ Yes ☐ No
 For medical appointments, was the medical service ☐ Inpatient or ☐ Outpatient?

DO NOT SIGN unless sections above are completed. Be sure to check Section 15 for accuracy; the **interpreter's** name in Sections 11 and 16; and the interpreter's picture identification. Use Section 19 as needed. Consider verifying the interpreter is a DSHS certified interpreter.

18. SIGNATURE OF DSHS STAFF/MEDICAL PROVIDER (REQUESTER) CONFIRMING SERVICE DELIVERY	DATE
PRINT NAME HERE	TITLE/POSITION

19. COMMENTS

SPOKEN LANGUAGE BROKERED INTERPRETER SERVICE APPOINTMENT RECORD
INSTRUCTIONS

Please Note: Some DSHS administrations may place restrictions on completion of sections of this form due to confidentiality requirements.

The interpreter services broker must assign the broker name, control number, and interpreter agency/independent to the sections listed at the top of the page.

SECTIONS 1 THROUGH 10 ARE DETERMINED BY THE BROKER AND REQUESTER.

- Section 1. Check the box identifying which DSHS administration/division requested an interpreter for a client appointment. For MAA Division of Client Support, be sure the medical provider requester is providing an MAA covered service. For DSHS divisions where there is an asterisk (*), the Requester must notify the Broker which Program Index and Allocation Code to use to ensure accurate billing.
- Section 2. Enter the name and title of the person who requested an interpreter. The requester must be a DSHS staff person, medical provider, or DSHS contract service provider authorized to initiate an interpreter service appointment. Be sure there is sufficient detail in this section to enable the interpreter to locate the Requester. Complete the other boxes in the section, including the date the request for the appointment is made. For DSHS staff, enter the Organizational Index Code for your agency/organization.
- Section 3. Enter the address where the appointment is scheduled. Include any room, office number, or facility name.
- Section 4. Enter the client's name except for DASA clients. Confidentiality requires use of the DASA approval number.
- Section 5. Indicate the gender of the client.
- Section 6. Enter the Patient Identification Code (PIC) for medical appointments. Be sure the number matches the one on the DSHS issued card. Enter the client's Social Security Number in the Client ID number section for Division of Disability Determination Services appointments. Enter the Client Identification number assigned by DSHS for all other clients.
- Section 7. Enter the client's telephone number, including area code.
- Section 8. Enter the client's language. Be sure the interpreter requested speaks the same language.
- Section 9. Enter the date of the appointment (for appointments that are not based on a block of time). Check the appropriate box for the type of appointment. Enter the time the appointment is scheduled to start, i.e., the time the interpreter is requested to arrive, and the approximate time the appointment is expected to end.
- Section 10. Same as Section 9 above; except this section applies only to blocks of time. This section does not apply to Medical Assistance Administration (MAA) clients.

SECTIONS 11 THROUGH 16 ARE COMPLETED BY THE INTERPRETER.

- Section 11. Print the interpreter's complete name.
- Section 12. Enter the address from which the interpreter left to come to this appointment (origin); and the address of the appointment (destination). If this is the interpreter's last appointment, enter the address of their final destination (FINAL DESTINATION, IF APPLICABLE).
- Section 13. Based on Section 12 above, enter the number of miles to the appointment. If it is the last appointment of the day, enter the number of miles from the appointment to the final destination.
- Section 14. Enter the mileage from Section 13 when it exceeds 30 miles one way. (Do not complete this section for non-reimbursable mileage.)
- Section 15. Complete this section when the appointment is finished. Enter the date of service. Enter the time the interpreter actually arrives. Enter the service start time. Enter the actual time the service is completed, i.e., the requester no longer needs an interpreter for the client. The time between the service start time or the time the interpreter arrives, whichever is later, and the service completion time is the total billing time. Round up to the nearest one-fourth hour.
- Section 16. The interpreter signs and dates this section.

SECTIONS 17 THROUGH 19 ARE COMPLETED BY THE REQUESTER.

- Section 17. Check the "Yes" or "No" box, whichever applies, regarding completion of the interpreter service. If "no," explain in the comments section. Then, for medical appointments, check the "Inpatient" or "Outpatient" box, whichever applies.
- Section 18. The person who signs and dates here represents the requester and validates the interpreter service has been provided; or explains why it was not provided. The person should also print their name and indicate their title or position.
- Section 19. Add any comments you choose, especially for any section already completed that is not self-explanatory. This section may also be used to note any disagreement between the interpreter and the requester or to show satisfaction with the services received. Select DSHS programs, by prior agreement, may pay for no shows under certain circumstances. If additional space is needed, attach additional sheets.